

United States Bankruptcy Court
61288, Houston TX 77208SOUTHERN DISTRICT OF TEXAS P.O.Box
(Houston Division)

PROOF OF CLAIM

Name of Debtors

☒ Stage Stores, Inc., a Delaware corporation
☒ Specialty Retailers, Inc., a Texas corporation
☐ Specialty Retailers, Inc. (NV), a Nevada corporation

*place an "x" beside the name of the Debtor you are filing a claim against

Case Number

00-35078-H2-11
 00-35079-H2-11
 00-35080-H2-11

Creditor ID#: 788-31065

Name of Creditor (The person or other entity to whom the debtor owes money or property):

Joshua Taylor

☐ Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.

Name and address where notices should be sent:

*****AUTO**3-DIGIT 768

Joshua Taylor
 1204 N Grant St
 Brady TX 76825-3734

Joshua Taylor
 199-A Sherman Ct.
 LAFB, VA 23665



☒ Check box if you have never received any notices from the bankruptcy court in this case

☒ Check box if the address differs from the address on the envelope sent to you by the court.

Account or other number by which creditor identifies debtor:

Check here ☐ replaces if this claim ☐ amends a previously filed claim, dated: _____

1. Basis for Claim

- ☐ Goods sold
☐ Services performed
☒ Money loaned
☒ Personal injury/wrongful death
☐ Taxes
☐ Other _____

☐ Retiree benefits as defined in 11 U.S.C. § 1114(a)
☐ Wages, salaries, and compensation (Fill out below)

Your SS#: _____

Unpaid compensation for services performed

from _____ to _____
(date) (date)**2. Date debt was incurred:** 8 June 1999**3. If court judgment, date obtained:****4. Total Amount of Claim at Time Case Filed:** \$ 96.20

If all or part of your claim is secured or entitled to priority, also complete Item 5 or 6 below.

☐ Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

5. Secured Claim.

☐ Check this box if your claim is secured by collateral (including a right of setoff).

Brief Description of Collateral:

☐ Real Estate ☐ Motor Vehicle
☐ Other All personal and intangible property of Debtor's Estate

Value of Collateral: \$ _____

Amount of arrearage and other charges at time case filed included in secured claim, if any \$ _____

6. Unsecured Priority Claim.

☐ Check this box if you have an unsecured priority claim

Amount entitled to priority \$ _____

Specify the priority of the claim:

Wages, salaries, or commissions (up to \$4,300)* earned within 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(3)

Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(4).

Up to \$1,950* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use - 11 U.S.C. § 507(a)(6).

Alimony, maintenance, or support owed to a spouse, former spouse, or child - 11 U.S.C. § 507(a)(7).

Taxes or penalties owed to governmental units - 11 U.S.C. § 507(a)(8).

Other - Specify applicable paragraph of 11 U.S.C. § 507(a-____).

*Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.

7. Credits: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim.

8. Supporting Documents: Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS. If the documents are not available, explain. If the documents are voluminous, attach a summary.

9. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.

- This Space Is for Court Use Only

Date

12 July 00

Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):

Michael N. Taylor Marshall N. Taylor (father)

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Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

ACCOUNT ACTIVITY

07/03/2000

POSTING DATE 06/08/1999 TO 07/03/2000

GUARANTOR:

9-136190-7
MARSHALL D TAYLOR
RT 1 BOX 71B \\
ROCHELLE, TX 76872

PATIENT:

8148-485-9
JOSHUA D TAYLOR
RT 1 BOX 71B
ROCHELLE, TX 76872

CLINIC:

WEST TEXAS MEDICAL ASSOCI
3555 KNICKERBOCKER RD
SAN ANGELO, TX 76904

PROC DATE	PHYS NAME	TRAN	F/C	PROCEDURE DESC	LOC	AMOUNT
		T	C	CODE		
06/08/1999	MCANELLY	T	TI	XRAY, FOOT 2 VIE 1I 73620		56.20

INSURANCE PROCESSED:

06/11/1999 CLM: 0034886 CO: 03155 F/C: TI 56.20

06/08/1999	MCANELLY	T	TI	OFFICE/OUTPATIENT 1I 99213		40.00
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INSURANCE PROCESSED:

06/25/1999 CLM: 0035354 CO: 03155 F/C: TI 40.00

CHARGES:	96.20
ADJUSTMENTS:	0.00
PAYMENTS:	0.00
REPORT TOTAL:	96.20